

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street)

1350 I St NW

Ste 870

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☒Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2009

through

10

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven J. Debnar

Signature of Treasurer

Electronically Filed by Steven J. Debnar

Date

11

12

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 23

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	247678.13
(b) Cash on Hand at Beginning of Reporting Period	238523.86	
(c) Total Receipts (from Line 19)	20605.25	280608.93
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	259129.11	528287.06
7. Total Disbursements (from Line 31)	12460.46	281618.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	246668.65	246668.65
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

4 / 23

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15719.00	232344.51
(ii) Unitemized	4886.25	48264.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)	20605.25	280608.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20605.25	280608.93
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20605.25	280608.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20605.25	280608.93

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	960.46	4617.41	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	960.46	4617.41	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	277000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	1.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12460.46	281618.41	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12460.46	281618.41	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 23

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	20605.25	280608.93
34. Total Contribution Refunds (from Line 28(d))	0.00	1.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20605.25	280607.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	960.46	4617.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	960.46	4617.41

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Jeffrey S. Altman

Mailing Address 731 S Middleton Avenue

City

Palatine

State

IL

Zip Code

60067-6684

FEC ID number of contributing
federal political committee.

C

Name of Employer
Altman Dermatology Associ-
ates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 3341489C703EE6D5254

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Steven Mark Burnett

Mailing Address 1545 Mound Street

City

Sarasota

State

FL

Zip Code

34236-7787

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: C5E28164DE21CDEC107

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Justin Wayne Clark

Mailing Address 4809 103rd St

City

Lubbock

State

TX

Zip Code

79424-5723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 304520318FD0E90CC97

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Donald Eugene Clemons

Mailing Address 720 Harbor Point Drive

City

Johnson City

State

TN

Zip Code

37615-2963

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tri-Cities Skin and Cancer

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 9ECBA37706069F9B328

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Scott Andrew Buckta Collins

Mailing Address 14021 Chelsea Drive

City

Lake Oswego

State

OR

Zip Code

97035-5762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 21DED5E6B39FF23ED11

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Karen Collishaw

Mailing Address Suite 870
1350 I Street Northwest

City

Washington

State

DC

Zip Code

20005-3387

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Derma-
tology

Occupation
Association Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: 1ABCE67ABA6A0D8D953

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Michael E. Cormier

Mailing Address 2000 Tybee

City

Lake Charles

State

LA

Zip Code

70605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	0	9

Transaction ID: 4413E268563A6EDE5E7

Amount of Each Receipt this Period

334.00

B.

Full Name (Last, First, Middle Initial)

Doris J. Day

Mailing Address Apt. 14M
330 E 33rd Street

City

New York

State

NY

Zip Code

10016-9439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Transaction ID: 9C59F37D24390705D3F

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Barbara Greenan

Mailing Address Suite 870
1350 I Street Northwest

City

Washington

State

DC

Zip Code

20005-3387

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Derma-
tologyOccupation
Association Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

Transaction ID: 7D9869A5871A8D6CFB0

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

859.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Terry P. Hadley

Mailing Address 32 Hugh Cargill Rd

City

Concord

State

MA

Zip Code

01742-5605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Assoc. of Con-
cord, Inc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: F348D0BB486C5CD0B9C

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Terry P. Hadley

Mailing Address 32 Hugh Cargill Road

City

Concord

State

MA

Zip Code

01742-5605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Assoc. of Con-
cord, Inc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 2F897DBE5AAFFE1BCA1

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Iltefat H. Hamzavi

Mailing Address 46638 Inverness Road

City

Canton

State

MI

Zip Code

48188-3050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Specialist of
Canton Hamza

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 4650521E3F8AAC2B94D

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Stephen E. Helms

Mailing Address 8485 Squirrel Hill Drive Northeast

City

Warren

State

OH

Zip Code

44484-2051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 8738609F0737F475284

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

J. William Holtze

Mailing Address 5300 Woodland Avenue

City

Des Moines

State

IA

Zip Code

50312-1946

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Iowa Clinic PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 2D0A3ED3424AB4B90BA

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Weimin Katherine Hu

Mailing Address 6112 E Avenida De Kira

City

Tucson

State

AZ

Zip Code

85750-1247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Specialty in Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 54DFC29014E9A498EB3

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Jo Ann Jones

Mailing Address 178 Hunterwood Way

City

Bowling Green

State

KY

Zip Code

42103-7068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Graves Gilbert Clinic

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: 96426CED2125D387574

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Lloyd E. King, Jr.

Mailing Address 211 Kensington Park

City

Nashville

State

TN

Zip Code

37215-2446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanderbilt University

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: CC7DCAC4CA7B5D04693

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Pamela Ann Leve

Mailing Address 328 Fishers Road

City

Pittsford

State

NY

Zip Code

14534-9606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barrington Park Dermatolo-
gical Assoc.

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 6A59C350BBECF1E3B7E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Henry W. Lim

Mailing Address 7 Elmsleigh Lane

City

Grosse Pointe

State

MI

Zip Code

48230-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept of Dermatology, Henry
Ford Medical

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: A78CD058573B0383B04

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Leon Eugene Luck

Mailing Address Apt 9D
25 Forest St

City

Stamford

State

CT

Zip Code

06901-1856

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates of
Fairfield Co

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 55A60A329E6F485FE33

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Stephanie A. Mackey

Mailing Address 1027 Hunters Path

City

Lancaster

State

PA

Zip Code

17601-1744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 63174C1CF3B2EE9A73F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Richard M. Matkaluk

Mailing Address Ste 270

28780 Single Oak Dr

City

Temecula

State

CA

Zip Code

92590-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: D2A5A8D282D1FFAC125

Amount of Each Receipt this Period

300.00

PayPal

B.

Full Name (Last, First, Middle Initial)

Daniel Kenneth McKenzie

Mailing Address 23772 Salvador Bay

City

Monarch Beach

State

CA

Zip Code

92629-4207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saddleback Medical Group

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 248AB1A6045746D7F2C

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Ali Moiin

Mailing Address 1175 Three Mile Drive

City

Grosse Pointe Park

State

MI

Zip Code

48230-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
A Comprehensive Dermatolo-
gy

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: FD859D8737B7C59740D

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Jennifer A. Palmer

Mailing Address 101 Pike Court

City

Pella

State

IA

Zip Code

50219-7517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Dermatology Inc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: E049288E42BD62FCAD4

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

William T. Parsons

Mailing Address 6 Braeburn Oaks

City

San Antonio

State

TX

Zip Code

78248-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Assoc of San
Antonio

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: B27A3DE3A1D32CD6FA0

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jennifer White Pennoyer

Mailing Address 27 Cedar Ledge Road

City

West Hartford

State

CT

Zip Code

06107-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 55F3742518DDB3DBE91

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Richard E. Ranchoff

Mailing Address 23777 W Rim Drive

City

Columbia Station

State

OH

Zip Code

44028-8918

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Valley Medical Build-
ing

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: C18C88D00CEE9B9EBA5

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Curtis A. Raskin

Mailing Address 519 Oakshire Pl

City

Alamo

State

CA

Zip Code

94507-2327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 84B131228B1591754E5

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jason J. Romero

Mailing Address 551 Ratcliff Street

City

Shreveport

State

LA

Zip Code

71104-5019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology and Skin Surg-
ery APMC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 4FF8507D0CABF06CD4F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Jay Roth

Mailing Address 16 Foothill Pl

City

Pleasanton

State

CA

Zip Code

94588-9778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastbay Dermatology Med
Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 0CEEDAC39F886B2E854

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Harry W. Saperstein

Mailing Address 10271

City

Los angeles

State

CA

Zip Code

90064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 69AC38205743EC9E3F7

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Kerry M. Shafran

Mailing Address 5515 Silchester Lane

City

Charlotte

State

NC

Zip Code

28215-5324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 1953A60AC22984A39DB

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Steven Kenneth Shama

Mailing Address Ste 406

1 Brookline Pl

City

Brookline

State

MA

Zip Code

02445-7296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brookline Village Dermato-
logy, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: AB76FD19A6DC93A97ED

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Cathy A. Slater

Mailing Address 6179 Windchase Dr

City

Rocky Mount

State

NC

Zip Code

27803-8780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Slater Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: B4DA3CD16066F89E895

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Stuart Alan Sobel

Mailing Address Suite 101

4340 Sheridan Street

City

Hollywood

State

FL

Zip Code

33021-3512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sobel & Sofram

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 082B62DCB65C4C49EA3

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Stephen P. Stone

Mailing Address 2021 S Wiggins Avenue

City

Springfield

State

IL

Zip Code

62704-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIU School of Medicine,
Div of Dermato

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: 0D349E949A5B9911485

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

James R. Watt

Mailing Address 2705 Hampton Bridge Road

City

Delray Beach

State

FL

Zip Code

33445-7134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: F10573A9123C3CB39C0

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

15719.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.	<p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Amex Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: VA510D83AFF217209320</p> <p>Date of Disbursement 10 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 490.93</p> <p>001 Category/ Type</p>
B.	<p>Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address PO Box 6603</p> <p>City Hagerstown State MD Zip Code 21741-6603</p> <p>Purpose of Disbursement MC Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: VE8381FBD58B9953C860</p> <p>Date of Disbursement 10 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 439.53</p> <p>001 Category/ Type</p>
C.	<p>Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address PO Box 6603</p> <p>City Hagerstown State MD Zip Code 21741-6603</p> <p>Purpose of Disbursement MC Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: VE8C9317E53BE27C73F0</p> <p>Date of Disbursement 10 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>001 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>960.46</p>
<p>TOTAL This Period (last page this line number only)</p>		<p>960.46</p>

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Dermatology Association Political Action Committee (SkinPAC)

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy	Transaction ID: 643B120366C95C1373F Date of Disbursement																				
Mailing Address 151 Linden Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	9												
City Mineola State NY Zip Code 11501	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Carolyn McCarthy	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type <table border="1"> <tr> <td>011</td> </tr> </table>	011																			
011																					
B. Full Name (Last, First, Middle Initial) Gillibrand for Senate	Transaction ID: C84A24A924C8644CA41 Date of Disbursement																				
Mailing Address 313 C Street NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	0	9												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Voided check issued on 9/18/09 Candidate Name Kirsten E. Gillibrand	<table border="1"> <tr> <td colspan="10">-1500.00</td> </tr> </table>	-1500.00																			
-1500.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type <table border="1"> <tr> <td>011</td> </tr> </table>	011																			
011																					
C. Full Name (Last, First, Middle Initial) Lisa Murkowski for Us Senate	Transaction ID: 6799D85D9C385541E9A Date of Disbursement																				
Mailing Address PO Box 100847	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	0	9												
City Anchorage State AK Zip Code 99510	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Lisa A. Murkowski	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type <table border="1"> <tr> <td>011</td> </tr> </table>	011																			
011																					

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) Nebraska Leadership Pac Mailing Address PO Box 3325	Transaction ID: 34B631B42830FDAE1E2 Date of Disbursement <div> <div>10</div> <div>05</div> <div>2009</div> </div>
City Omaha State NE Zip Code 68103 Purpose of Disbursement 2009 Contribution Candidate Name Nebraska Leadership Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Amount of Each Disbursement this Period <div>2500.00</div> <div>011</div> Category/Type
B. Full Name (Last, First, Middle Initial) Republican Mainstreet Partnership Pac Mailing Address C/O G & W 2201 Wisconsin Ave. NW Suite 320 City Washington State DC Zip Code 20007 Purpose of Disbursement 2009 Contribution Candidate Name Republican Mainstreet Partnership Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: CC6D2F2E0E534713D75 Date of Disbursement <div> <div>10</div> <div>19</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> <div>011</div> Category/Type
C. Full Name (Last, First, Middle Initial) Senate Majority Fund Mailing Address PO Box 32025 City Phoenix State AZ Zip Code 85064 Purpose of Disbursement 2009 Contribution Candidate Name Senate Majority Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: F48587EC094795BF319 Date of Disbursement <div> <div>10</div> <div>22</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/Type
SUBTOTAL of Disbursements This Page (optional)	<div>6000.00</div>
TOTAL This Period (last page this line number only)	<div>11500.00</div>